

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Title:: Eccentric Lumen Stents
Attorney Docket Number:: FIW-002.01
Small Entity?:: Yes

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Family Name:: Manasas
City of Residence:: Lexington MA
State or Province of Residence:: MA
Country of Residence:: United States of America
Street of mailing address:: 6 Bennett Avenue
State or Province of mailing address:: MA
Country of mailing address:: United States of America
Postal or Zip Code of mailing address:: 02421

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gloria Ro
Family Name:: Kolb
City of Residence:: Milton MA
State or Province of Residence:: MA
Country of Residence:: United States of America

Street of mailing address:: 570 Pleasant Street
State or Province of mailing address:: MA
Country of mailing address:: United States of America
Postal or Zip Code of mailing address:: 02186

Correspondence Information

Correspondence Customer Number:: 25181

Representative Information

Representative Customer Number::	25181
----------------------------------	-------

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/US03/032162	8 October 2003
PCT/US03/032162	An application claiming the benefit under 119(e) of	60/417,115	9 October 2002

Assignee Information

Assignee Name:: Fossa Medical, Inc.
Street of mailing address:: 3F Highland Circle
City of mailing address:: Needham
State or Province of mailing address:: MA
Country of mailing address:: United States of America
Postal or Zip Code of mailing address:: 02494